much less powerful poison than most of our officinal alkaloids. The ordinary dose which has been hitherto given by subcutaneous injection is, however, only 0.02 to 0.03 gramme two or three times daily. Sclerotic acid seems likely before long to partially replace ergot as a drug. It has the advantage of remaining indefinitely without loss of strength, if only kept in a dry place and undissolved. Its sodium salt Nikitin considers the best preparation for internal use in the human subject. Subcutaneous injection of either drug causes a "sharp biting" pain, which passes off in a few minutes. Von Ziemssen claims for sclerotic acid over ergotin that the former causes no inflammation at the seat of puncture.—*Med. Times and Gazette*, Dec. 6, 1879.

On Rectal Alimentation.

Alluding to an article by M. Michel, which has lately appeared in the *Gazette Hebdomadaire*, giving an account of the trials of rectal alimentation that have been made, and in which he came to a conclusion unfavourable to the absorption of the nutritive matter of the substances injected, Prof. BROWN-SÉQUARD observes, in the number of the same journal for November 14, that, however applicable this conclusion may be to enemata of milk, broth, eggs, or defibrinated blood, it certainly is not so with regard to enemata of meat and pancreas. The practical question is not whether the large intestine does or does not secrete juices endowed with digestive power. In a therapeutical point of view the question at the present time is to know whether, on mixing with the alimentary matters either gastric juice or pancreatic juice, and injecting the mixture into the intestinal canal, digestion of these matters will take place, with absorption of the product of digestion. The experiments and clinical observations of Leube and of Fiechter, and those of Prof. Brown-Séquard himself, place the fact quite beyond contradiction; and experiments showing that the large intestine is not possessed of digestive functions do not contradict this assertion. It is a question of artificial digestion, in which the large intestine may be as inert as any vessel in which this might be conducted.

Prof. Brown-Séquard refers to several cases—some published, and others not —in which he has by means of enemata of meat and pancreas been able to keep patients for days and weeks (in one for more than three months) without loss of weight and strength. The quantity of meat required, when a patient has to be maintained solely in this manner, is at least 400 to 500 grammes per diem, and of pancreas from 150 to 200 grammes—these quantities serving for two daily enemata. When the pancreas is quite fresh, the digestion of these substances is so complete that no traces of their presence can be found in the well-formed feces which the patient passes—the tissues of both the gland and the flesh having been evidently digested in a complete manner.

In the number of the *Gazette* for November 21, Prof. MAYET, of Lyons, states—"I have employed this means in the Lyons hospitals for six years, but with certain precautions, which I believe to be of considerable importance. Why should we inject the tissue of the pancreas, which contains unabsorbable substances, and meat in a state of nature? Even chopped up and triturated, such a mixture might cause irritation of the intestine, and not be easily retained. To obviate this inconvenience, I have the pancreas bruised in a mortar with tepid water at about the temperature of 37° C., and then press the pulp obtained in a cloth. The liquid so procured is intimately mixed and triturated with the flesh without fat, which has been chopped and separated from all fibrous parts, and with the yolk of an egg. The product is left to stand during two hours, keeping it at the same temperature, and is then thrown into the rectum, first cleared out by a simple oily enema. By this procedure we have the advantage of injecting, not substances in a state of pulp which have not been digested, and which may be rejected, but alimentary substances that have undergone, at the temperature of the economy, the action of the dissolving ferments, unmixed with the *débris* of useless tissues, and therefore lending itself much better to rapid and easy absorption."—*Med. Times and Gazette*, Nov. 29, 1879.

MEDICINE.

Exact Period of Commencing the General Treatment of Syphilis.

Opinions on this important question are still divided. While one party regards primary treatment, *i. e.*, when the first local morbid phenomena are observed, as necessary, the other party decides for later treatment, and this only when certain definite symptoms of the general illness positively show themselves. Both parties appeal to statistics in favour of their theories. Professor SIGMUND means, by the term "primary," that period of the syphilis which extends from the transmission of the disease till the first symptoms of the same show themselves on the outer skin, and the mucous membrane of the throat, *i. e.*, from six to eight weeks. During this period, the course of the disease runs according to an invariable type, while in the later period only the secondary forms appear typically, and these only in the beginning; because they vary afterwards as to symptoms and duration. The primary forms continue in the great majority of cases after the evolution of the secondary forms, and both will then indicate the antisyphilitic treatment. The remedies for this affection are the well-known preparations of iodine and mercury, their combinations and the concoctions containing them. In order to answer the question in dispute, it is obviously necessary to study thoroughly many and various forms of this disease in both sexes and at various ages, taking into account the constitution, external influence, and the various modes of treatment. Especially as to the success of the treatment during the chronic course of syphilis, and its transmission by procreation, only close observation, extending over many years, can decide. The author believes himself peculiarly qualified to make the following statements, on account of his exceptionally large experience. 1. The primary forms of syphilis take a favourable course during the period of six to eight weeks by purely local treatment, corresponding to the anatomical seat, type, and extension of the affected tissues, the constitution of the patient, and the external circumstances which influence him. The healing process is neither simplified nor shortened by any medicinal antisyphilitic general treatment. The use of energetically effective means (iodine, mercurial preparations, aperient and sudorific preparations), as well as lowering treatment, frequently retard the healing process, or create a deterioration of the disease. This has been clearly proved in those cases in which the employment of the aforesaid means induced an unfavourable course of the disease, but in which rapid improvement took place after resorting to purely local treatment. 2. The secondary forms of syphilis are so mild in a great number of patients (40 per cent.) that they do not perceive them, and in a further considerable number of patients (10 per cent.) morbid appearances on the skin and the mucous membrane of the throat are scarcely perceptible, and rapidly take a favourable course by merely adequate local treatment, without disturbing the nutrition, functions, and general condition of the respective patients. Experience proves that serious